Application Serial No. 09/663,759 - Filed September 15, 2000

IN THE UNITED STATES PATENT AND TRADEM

§ §

§ § §

Application No.:

09/663,759

Filed:

September 15, 2000

Inventor(s):

Pierre, et al.

Title:

PLAYBACK OF

INTERACTIVE

PROGRAMS

Examiner:

Onuaku, Christopher

52616

Group/Art Unit: 2616

Atty. Dkt. No:

5266-03101

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

Rory D. Rankin

Printed Name

January 5, 2005 Date

888888

RESPONSE TO OFFICE ACTION OF **OCTOBER 5, 2004**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This paper is submitted in response to the Office Action of October 5, 2004, to further highlight why the application is in condition for allowance.

Please amend the case as listed below.

03/18/2005 PWALKER 00000001 501505

09663759

01 FC:1201

600.00 DA

PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or/Docket Number **Substitute for Form PTO-875** CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X \$ OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) **SMALL ENTITY** SMALL ENTITY CLAIMS HIGHEST ⋖ PRESENT NUMBER REMAINING RATE ADDI-RATE ADDI-**EXTRA** ENT TIONAL PREVIOUSLY **AFTER** TIONAL PAID FOR AMENDMENT Total (37 CFR 1:16(c)) ENDM OR Independent (37 CFR 1.16(b)) Minus × \$ 200 OR + \$360 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'I FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST Ω PRESENT REMAINING NUMBER ADDI-RATE ADDI-ENT **PREVIOUSLY EXTRA** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) NDM Minus OR Minus Independent (37 CFR 1.15(b)) m OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST O PRESENT RATE REMAINING NUMBER RATE ADDI-ADDI-ENT EXTRA AFTER **PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37-CFR 1.16(c)) Minus OR END Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ## If the Highest Number Previously Paid For IN-THIS SPACE is less than 20, enter *20*.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"